

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ABJ	581	
O.I.P.E. CLASSIFIER		47	2/8/00
FORMALITY REVIEW	LA	63390	2/15/00
RESPONSE FORMALITY REVIEW	LA	63390	2/25/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	6/12/01
2	6/12/01
3	6/12/01
4	6/12/01
5	6/12/01
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8	6/12/01
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47	6/12/01
48	6/12/01
49	6/12/01
50	6/12/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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